



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)

Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

9

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name KELLY BENTLEY IPS	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number (317) 638-1700
4. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address HOWARD HOWE PO Box 3 INDIANAPOLIS IN 46206	
5. City, State, ZIP Code INDIANAPOLIS	6. Party Affiliation (if applicable) NONE

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname) KELLY EILEEN BENTLEY	8. Party Affiliation or If Independent Candidate INDEPENDENT CANDIDATE
9. Office Sought (Include district number, if any. Not required for exploratory committee.) IPS SCHOOL BOARD DISTRICT 3	10. County of Residence MARION

TYPE OF REPORT

11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other <input type="checkbox"/> Final/Disbands Committee (lines 18, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (within 10 days amend Statement of Organization)	CONVENTION CANDIDATES ONLY Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
---	---

12. Reporting Period: From: 11 OCTOBER 2014 Through: 31 DECEMBER 2014	COLUMN A This Period 26607⁷⁴	COLUMN B Year to Date 0.00
13. Cash on hand and investments at the beginning of this reporting period.		
14. Cash on hand and investments January 1, current year.		

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (use Schedule A)	9334⁰⁰	46584⁰⁰
15b. Unitemized	1620⁰⁸	6093⁷³
15c. Add lines 15a and 15b in both columns	10954⁰⁸	52677⁷³
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	37561⁸²	52677⁷³
	TOTAL	

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	23349¹¹	38465⁰²
17b. Unitemized	6160⁰⁰	6160⁰⁰
17c. Add lines 17a and 17b in both columns	29509¹¹	44625⁰²
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	8052⁷¹	8052⁷¹
19. Debts OWED BY the committee (use Schedule D)	0	
20. Debts OWED TO the committee (use Schedule E)	0	
	TOTAL	

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer Howard Howe	Title Treasurer	Date 01-21-2014
Signature of Candidate (if applicable) Kelly Bentley		Date 01-21-2014

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

FOR OFFICE USE ONLY

Myra A. Eldridge

JAN 21 2015

FILED
1114AM **98**



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**

State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-1)
CONTRIBUTIONS BY INDIVIDUALS**
Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly in **BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

Page 1 of 5

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. MARIANNE GLICK 4111 WYTHE LANE INDIANAPOLIS IN 46250 Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____	200⁰⁰	200⁰⁰	10.13.14
2. ROBERT C ENLOW 5825 NORWALDO AVE. INDIANAPOLIS IN 46220 Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____	750⁰⁰	750⁰⁰	10.22.14
3. JOHN M. MUTZ 8128 DEAN ROAD INDIANAPOLIS IN 46240 Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____	500⁰⁰	500⁰⁰	10.11.14
4. MARK NUNNELLY 61 FARM STREET DOVER MA 02030 Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____	950⁰⁰ (NET OF PAYROLL FEE)	950⁰⁰	10.23.14
5. _____ Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 2400⁰⁰		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$		



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**

State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-4)
CONTRIBUTIONS BY
POLITICAL ACTION COMMITTEES**
Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees **MUST** be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER

Page 2 of 5

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. BUSINESS ADVOCACY COMMITTEE 111 MONUMENT CIRCLE #1950 INDIANAPOLIS IN 46204	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	4184 00	11184 00	10-30-14
2.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
3.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
4.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
5.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 4184 00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$		



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**

State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-4)
CONTRIBUTIONS BY
POLITICAL ACTION COMMITTEES**
Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly in **BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees **MUST** be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER

Page 3 of 5

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. METROPOLITAN INDIANAPOLIS BOARD of REALTORS PAC 1912 NORTH MERIDIAN ST. INDIANAPOLIS IN 46202	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	2500 ⁰⁰	2500 ⁰⁰	10-24-14
2.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
3.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
4.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
5.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 2500 ⁰⁰		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$		



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**

State Form 4606 (R13/11-05)

Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-5)
CONTRIBUTIONS BY
OTHER ORGANIZATIONS**

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (*over \$200, if regular party committee*). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees **MUST** be itemized on this schedule. All cumulative receipts, (*such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income*) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (*over \$200 if regular party committee*).

FILE NUMBER

Page 4 of 5

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
				RECEIVED BY
1. ODLE FOR SCHOOL BOARD 240 EAST 70 th STREET INDIANAPOLIS IN 46220	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	250 ⁰⁰	250 ⁰⁰	10-16-14
2.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
3.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
4.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
5.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 250 ⁰⁰		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$ 9334 ⁰⁰		

TABULAR SUMMARY (PRIOR PERIODS)

5 of 5

Name	Address	City	State	Zip	Amount	Payment Type	Date	Occupation
Individual Contributors over \$100- CFA-4 Schedule A-1								
Ken Ahlbrand	P.O. Box 2733	Indianapolis	IN	46202	150.00	Check	9/18/2014	Consultant
Catherine and John Bridge	4735 Washington Blvd.	Indianapolis	IN	46205	200.00	Check	9/18/2014	Retired
Yvonne Bowman	5774 La Gorce Circle	Lake Worth	FL	33463	150.00	PayPal	9/18/2014	Retired
Jeffrey Brinkmann	1581 Broadway	Indianapolis	IN	46202	500.00	check	8/28/2014	Consultant
Janet and John Craun	6436 Dawson Lake Dr.	Indianapolis	IN	46220	500.00	check	8/29/2014	Retired
Steve Dostart	145 Addison Ave.	Palo Alto	CA	94301	150.00	Democracy Engine	10/1/2014	Real Estate
Allan Hubbard	101 West Ohio Street, Suite 1350	Indianapolis	IN	46204	5,000.00	Check	8/6/2014	Business Owner
Marion and David Harris	8939 N. Delaware Street	Indianapolis	IN	46220	200.00	Check	8/6/2014	CEO
Scott and Caren Keller	1523 Southeastern Ave.	Indianapolis	IN	46201	250.00	Check	8/8/2014	Consultant
Mark Miles	7903 High Drive	Indianapolis	IN	46240	250.00	Check	8/19/2014	CEO-IMS
Molly Milton	6868 N. Pennsylvania Street	Indianapolis	IN	46220	200.00	check	8/27/2014	Family CEO
David Johnson and Anne Nobles	8801 Worthington Court	Indianapolis	IN	46278	500.00	Check	8/8/2014	Healthcare Exec
Eileen Prince	142 Fairway Dr.	Indianapolis	IN	46260	150.00	check	8/29/2014	Teacher
Patricia Prosser	530 Lockerbie Circle South	Indianapolis	IN	46204	500.00	check	8/29/2014	HR Consultant
Jan and George Rubin	6830 W. 71st Street	Indianapolis	IN	46278	150.00	check	8/29/2014	Attorney
Megan Robertson	2363 N. New Jersey Street	Indianapolis	IN	46205	200.00	Check	10/7/2014	Consultant
Nathan Ringham	6005 Haverford	Indianapolis	IN	46220	200.00	Check	10/7/2014	Consultant
Thomas Reilly, Jr.	8877 Pickwick Dr.	Indianapolis	IN	46260	500.00	Check	8/6/2014	CEO
Jeff Smulyan	40 Monument Circle	Indianapolis	IN	46204	500.00	In-kind	08/08/14	Broadcaster & businessman
Jeffrey and Heather Smulyan	5101 Green Brass E. Drive	Indianapolis	IN	46234	500.00	Check	8/6/2014	Business Owner
Stephen Suess	505 West 37th Street #14K	New York	NY		2,500.00	In-kind	07/01/14	Website Designer
Anne Shane	6355 Oxbow Way	Indianapolis	IN	46220	500.00	Check	7/29/2014	Consultant
Ann and Christopher Stack	4131 N. Meridian Street	Indianapolis	IN	46208	500.00	Check	7/29/2014	Retired
David Suess	1417 N. New Jersey	Indianapolis	IN	46205	200.00	Check	9/18/2014	Attorney
Joseph Slash	1140 Fox Hill Drive	Indianapolis	IN	46228	250.00	Check	8/6/2014	Not-for-Profit CEO
Larry Sablosky	802 Wedgewood Lane	Carmel	IN	46033	500.00	Check	7/29/2014	Consultant
Robert MacPherson & Steven Stolen	3248 N. Washington Blvd	Indianapolis	IN	46205	250.00	Check	8/6/2014	NFP Exec/Consultant
Sheryl Sandberg	291 Polhemus Ave	Atherton	CA	94027	500.00	Democracy Engine	8/8/2014	Technology
Stacy Schusterman	2441 E 49th St	Tulsa	OK	47105	1,000.00	Democracy Engine	8/25/2014	Business
Stacy Schusterman	2114 E. 49th Street	Tulsa	OK	47105	500.00	Democracy Engine	10/8/2014	Business
Michelle Yee	394 Pacific Ave, 2nd Floor	San Francisco	CA	94111	1,000.00	check	8/24/2014	Self Employed
Reid Hoffman	394 Pacific Ave, 2nd Floor	San Francisco	CA	94111	1,000.00	Check	8/24/2014	Venture Capital
PAC contributors- CFA Schedule A-4								
Business Advocacy Committee	111 Monument Circle, Suite 1950	Indianapolis	IN	46204	5,000.00	Check	8/6/2014	PAC
Education Reform Now	928 Broadway, Suite 505	New York	NY	10010	600.00	Check	9/18/0154	PAC
Freedom PAC	135 N. Pennsylvania Street, Suite 11	Indianapolis	IN	46204	100.00	Check	9/24/2014	PAC
Democrats for Education Reform	928 Broadway, Suite 505	New York	NY	10010	1,100.00	Check	9/18/0154	PAC
Corporate Contributors- CFA Schedule A-2								
Steel House	1131 E. 25th Street	Indianapolis	IN	46205	4,000.00	Check	7/29/2014	Business

Reporting Period Total

PRIOR
PERIODS

37,250.00



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

FILE NUMBER

Page 1 of 3

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
	OFFICE SOUGHT (if applicable)				
Code _____ Business Advocacy Committee 111 Monument Circle #1950 Indianapolis, IN 46204	Consulting	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	4184 ⁰⁰	7000 ⁰⁰ 11184 ⁰⁰	10-30-14
Code _____ BROOKS PUBLICATIONS INC. P.O. Box 44166 INDIANAPOLIS IN 46244	Publishing	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	407 ¹⁵	407 ¹⁵	11-24-14
Code _____ ADVANTAGE DIRECT 2300 CLARENDON BLVD. SUITE 303 ARLINGTON VA 22201	TELEPHONE BANK	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	1653 ⁰⁰	1653 ⁰⁰	11-3-14
Code _____ MATT IMPINK	CAMPAIGN MANAGER	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	2000 ⁰⁰	2000 ⁰⁰	11-7-14
Code _____ BRUGGE BRASSERIE	RESTAURANT	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	1332 ⁹⁰	1332 ⁹⁰	10-24-14
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 9517 ⁰⁵		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$		

1,2,3,4,5 7 8
6 votes



REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE
State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER

Page 2 of 3

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code _____ PAYPAL 2211 North First St. San Jose CA 95131	FINANCIAL SERVICES	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: PAYMENT SERVICE FEE		54 ¹¹	VARIOUS SMALL INCREMENTS
Code _____ SQUARE INC 1455 MARKET ST. #600 SAN FRANCISCO CA 94103-1331	FINANCIAL SERVICES	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: PAYMENT SERVICE FEE		16 ⁰⁸	VARIOUS SMALL INCREMENTS
Code _____ ALY LOGAN 3419 NORTH PENNSYLVANIA INDIANAPOLIS IN 46205	PHOTOGRAPHY & DESIGN	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:		175 ⁰⁰	
Code _____ CAPITOL PROMOTIONS INC PO BOX 231 GLENSIDE, PA 19038	PROMOTIONS	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: CAMPAIGN PROMOTION		717 ⁹⁷	
Code _____ KELLY BENTLEY 4629 CORNELIUS AVE. INDIANAPOLIS IN 46208	CONSULTANT	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: MEETING EXPENSES & MILEAGE	576 ³³ 856 ⁹³ 915 ⁶⁰	1866 ¹¹ 2723 ⁰⁷ 3638 ⁶⁴	12-10-14 11-5-14 11-5-14
Code _____ PRINTING PARTNERS 929 WEST 16 th STREET INDIANAPOLIS IN 46202-2214	PRINTING & POSTAGE	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: PRINTING	5728 ⁸⁶ 1915 ³⁷ 1914 ⁷³	7627 ⁴⁰ 9542 ⁷⁷ 11457 ⁴⁹	11-3-14 10-23-14 10-20-14
Code _____ MASSACHUSETTS AVENUE PUBLIC RELATIONS 646 MASSACHUSETTS AVE. INDIANAPOLIS IN 46204	PUBLIC RELATIONS	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: PUBLICITY	7864 ²⁵	2688 ⁰⁷	11-7-14
SUBTOTAL THIS PAGE OF SCHEDULE B			\$13772 ⁰⁶		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$		



REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE
State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER

Page 3 of 3

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code _____ DEMOCRACY ENGINE 2125 14th STREET NW SUITE 101 WEST WASHINGTON DC 20009	FINANCIAL SERVICES	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: PAYMENT SERVICE FEE		101 ⁰⁰	VARIOUS SMALL INCREMENTS
Code _____ STEPHEN SUESS 505 WEST 37th STREET #14K NEW YORK NY	WEB SITE DESIGNER	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: website design		2500 ⁰⁰	
Code _____ HOWARD HOWE 50 SOUTH MERIDIAN ST. #605 INDIANAPOLIS IN 46204	LAWYER	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: checks		331 ⁰⁰	
Code _____ JEFF SMULYAN 40 Monument Circle INDIANAPOLIS IN 46204	BROADCASTER	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:		500 ⁰⁰	
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 0		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$ 23349 ⁰⁰		